

# 2020 Open Enrollment Guide

## Items You Will Need to Complete Your Open Enrollment Request

- Your 5-digit Employee ID Number and password
- Names, social security numbers, and birth dates of benefit eligible dependents
- Primary Care Physician numbers for employee and each dependent if enrolling in a Blue Shield HMO plan  
<https://www.blueshieldca.com/fad/home>
- Plan choices for Health, Dental, and Flexible Spending Accounts (FSA)
- Plan choice for other Optional Insurance Coverage (eligibility may be based on bargaining unit): Additional Life, Long Term Disability and Voluntary Short Term Disability

Be sure to submit any required documentation to the HR Department no later than 5:00 p.m. on **November 22, 2019** for dependents added during open enrollment (in person, fax to 951-826-2421, or upload via Employee Online).

If you DO NOT wish to make any changes to your current dependents or to your Medical, Dental, Additional Life Insurance or Long Term Disability plan, current coverage and dependents will carry over to 2020. You DO NOT need to submit a request via Employee Online.

**Step 1 : Getting Started** - Open Enrollment changes will be accepted via the Employee Online (EO) system only through 5:00 p.m. on November 22, 2019. To access the EO system and for detailed Open Enrollment information, please go to: [www.riversideca.gov/human/benefits/benefit-open-enrollment.asp](http://www.riversideca.gov/human/benefits/benefit-open-enrollment.asp)

For help on how to reset your password please contact the IT helpdesk at 951-826-5508

**Step 2: Dependent Information** - Add, update or verify dependent information. Add a new dependent profile, update or verify an existing dependent record in the "Dependent Information" screen. **Adding a dependent profile does NOT add them to your medical and/or dental plan**, you must proceed to Benefit Selection to add/drop new and existing dependents to/from your medical and/or dental plans.

Open Enrollment 2020	Name	Relationship	Social Security Number	Birth Date	Gender	Certified
<a href="#">Benefits Msg Page</a> <a href="#">Dependent Information</a> <a href="#">Benefit Selection</a> <a href="#">Add'l Life Ins.</a> <a href="#">Deferred Comp</a> <a href="#">OE Confirmation</a> <b>Personal Information</b> <a href="#">Home Address</a> <a href="#">Emergency Info</a> <b>Pay Information</b> <a href="#">Leave Tracking</a> <a href="#">Direct Deposit</a> <a href="#">Check Stub</a> <a href="#">Tax Info</a> <a href="#">What If</a> <a href="#">W2 Info</a> <b>Job Information</b> <a href="#">Current Job</a> <a href="#">Historical Jobs</a> <b>Benefits</b> <a href="#">Benefits Msg Page</a> <a href="#">Dependent Information</a> <a href="#">Deferred Comp</a> <a href="#">Add'l Life Ins.</a> <a href="#">Insurance</a> <a href="#">Other Benefits</a> <a href="#">Benefits Summary</a>	<p style="text-align: center;"><b>Once added, dependent information will appear here</b></p> <p><b>Important Note:</b> Adding a dependent <b>does not automatically add</b> your dependent to your Medical and/or Dental Coverage. You must proceed to Benefits Information ( Insurance) screen to Review/Modify your Benefits and select the dependent you want to add to your Medical and/or Dental coverage.</p> <p><b>Dependent Social Security Number (SSN):</b> Per the Federal Health Care Reform, employees must provide a valid SSN for each dependent. Please update/provide the SSN information as necessary. You are NOT required to provide copies of the Social Security Card(s).</p> <p><b>Dependent Certification:</b> Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor). For a listing of acceptable documentation, <a href="#">click here</a>. Per City policy, proof of dependent certification must be submitted to Human Resources no later than 60 days from the qualifying event date. <b>Failure to provide the required documentation will result in the dependent being dropped from coverage effective the 1st of the month following the 60 days.</b></p> <p><b>*Dependent Certification Upload*:</b> Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.</p> <p style="text-align: center;">Dependent Certification Upload</p> <p> <a href="#">Previous (Benefits Message Board)</a> <a href="#">Next (Benefit Selection)</a> </p> <p style="text-align: right;"><b>Add</b></p>					

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After entering your dependent's information, upload your dependent certification and click "Save"

**Family and Dependents Information** GUADALUPE RUIZ [? Help](#)

First Name:  Middle:  Last Name:

Relationship:  Birth Date:

Social Security Number:

Gender:

Address: ☐ Check if same address as employee.

Street Address:

City:

State:

Zip Code:  -

Phone Number:  Ext:

Certification:

Misc. Comments (Optional) 2:

Notes:

**Eligibility Certification (REQUIRED):** ☐ Check to certify dependent eligibility.

*I hereby certify that the dependents listed on my plan are eligible in accordance with City policies V-9 (Health Insurance) and V-10 (Dental Insurance), and that any deliberate misrepresentation of dependent eligibility may constitute a violation of City policy which may result in disciplinary action, up to and including termination. I understand that such action may constitute criminal fraud and may result in a referral to a law enforcement office. Further, I understand that all misrepresentations shall be reported to the appropriate health care provider for investigation and possible sanctions, and that I may be held liable for reimbursement of prior premiums, services received and or claims incurred as a result of ineligible dependents.*

**Note:**  
Adding dependent records **does not automatically add** them to your Medical and/or Dental Coverage. You must proceed to **Benefits Information (Insurance)** screen to Review/Modify your Benefits and select the dependent records you want to add to your Medical and/or Dental coverage. Eligible dependents can be removed/deleted from the Medical and Dental screens.

**Dependent Certification:**  
Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor).

**\*Dependent Certification Upload\*:**  
Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.

[Dependent Certification Upload](#)

[Back](#) [Save](#)

**Step 3: Benefit Selection** - View and select your benefit coverage for the 2020 plan year in the Open Enrollment Benefit Selection screen.

**EO Home**

- [Message Page](#)
- [Employee Directory](#)
- Open Enrollment 2020**
  - [Benefits Msg Page](#)
  - [Dependent Information](#)
  - [Benefit Selection](#)
  - [Add'l Life Ins.](#)
  - [Deferred Comp](#)
  - [OE Confirmation](#)

**Open Enrollment Summary View**

Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
<a href="#">MEDICAL</a>	BLUE SHIELD 15		Not Selected
<a href="#">DENTAL</a>	LOC ADV PRETAX		Not Selected
<a href="#">FSA HEALTH CARE</a>	125 HLTH PRETAX		Not Selected
<a href="#">LEGAL PLAN</a>	none		Not Selected
<a href="#">FSA DEPENDENT CARE</a>	FSA DPNDT PRETX		Not Selected
<a href="#">LTD - MANAGEMENT</a>	none		Not Selected
<a href="#">ADDITIONAL LIFE</a>	ADDITIONAL LIFE		Active

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- **Medical and/or Dental plans** - You may enroll or switch to another medical and/or dental plan. You must submit a separate request for each.
- **Add/drop eligible dependents** – New/existing dependents must be associated to your new medical and/or dental plan by placing a check mark next to their name. If you wish to drop an existing dependent, you must un-check the box next to their name.
- **Blue Shield HMO plans** - When selecting a Blue Shield HMO plan a Primary Care Physician(PCP) identification number needs to be entered for you and each dependent on the medical screen. The Finding a Doctor tool can be used to find the PCP number for each doctor, this tool can be accessed at [www.blueshield.com/networkhmo](http://www.blueshield.com/networkhmo)
- **Blue Shield PPO plans** – No PCP number is required when enrolling in a PPO plan. However, you can verify if your Physician is in the Blue Shield PPO network at [www.blueshieldca.com/networkppo](http://www.blueshieldca.com/networkppo)
- **Health Opt-Out Program (available for eligible employees) or Medical Decline** – Employees who wish to participate or continue to participate in the Health Opt-Out Program for 2020 must renew their participation by re-electing this option and submitting proof of alternate coverage.
- **Flexible Spending Account (FSA) – Health Care or Dependent Care** – annual elections must be renewed for 2020 via Employee Online. If you do not submit a request for 2020, participation in the plan(s) will end 12/31/2019. The Health Care plan has a carryover provision and balances up to \$500 will be carried over automatically with no need to re-enroll in the plan. However, if you elect not to enroll for 2020, but you have a carryover amount, you will be responsible for the \$6.00 monthly administrative fee for the entire calendar year.
- **Long Term Disability (LTD)** - Eligible employees (depending on bargaining unit) may participate in LTD and/or VSTD; an option to enroll or cancel is available to those employees via The Standard's website <https://standard.benselect.com/Enroll/Login.aspx?Path=riversideca>
- **Additional Life Insurance** – New applications, cancellations or changes to an existing policy are accepted online via The Standard's website <https://standard.benselect.com/Enroll/Login.aspx?Path=riversideca>
- **LegalGUARD** –The LegalGUARD plan is \$17.54 monthly (includes dependent coverage). Enrollment is voluntary and 100% employee-paid with an after-tax premium deduction. Employees can enroll/cancel enrollment in this plan at any time.

**Step 4: Open Enrollment Confirmation** - **Verify your open enrollment selections.** Please print and/or email your open enrollment confirmation statement before exiting the EO system. If you submit a request and later want to make a change, simply go back to the Benefits Selection screen and modify your election by clicking on the benefit and selecting the “delete this request” option, you will then be able to submit a new request.

Questions or concerns: Human Resources Department [CityBenefits@RiversideCA.Gov](mailto:CityBenefits@RiversideCA.Gov) or contact us at (951) 826-5639